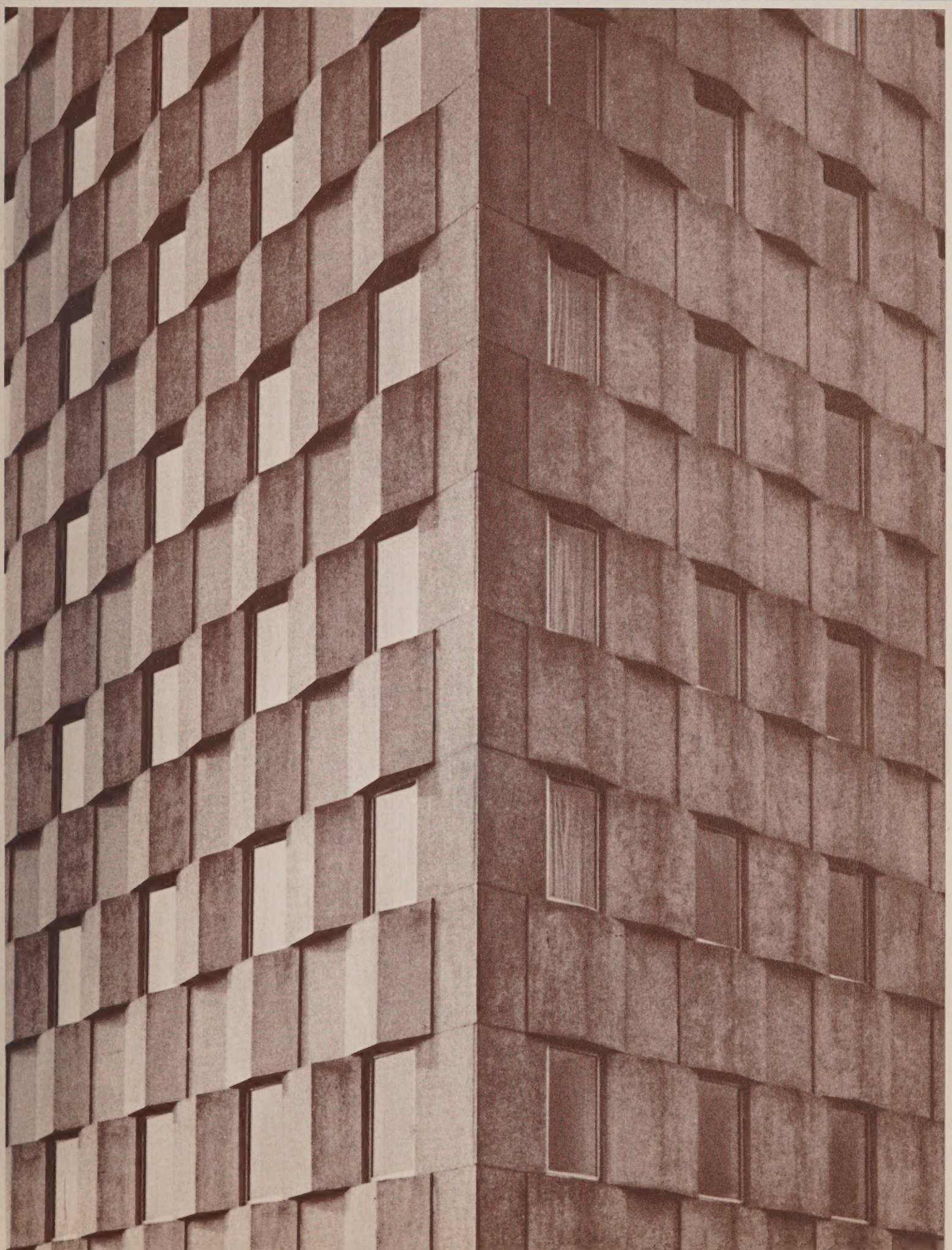
The New England Deaconess Hospital Annual Report 1963



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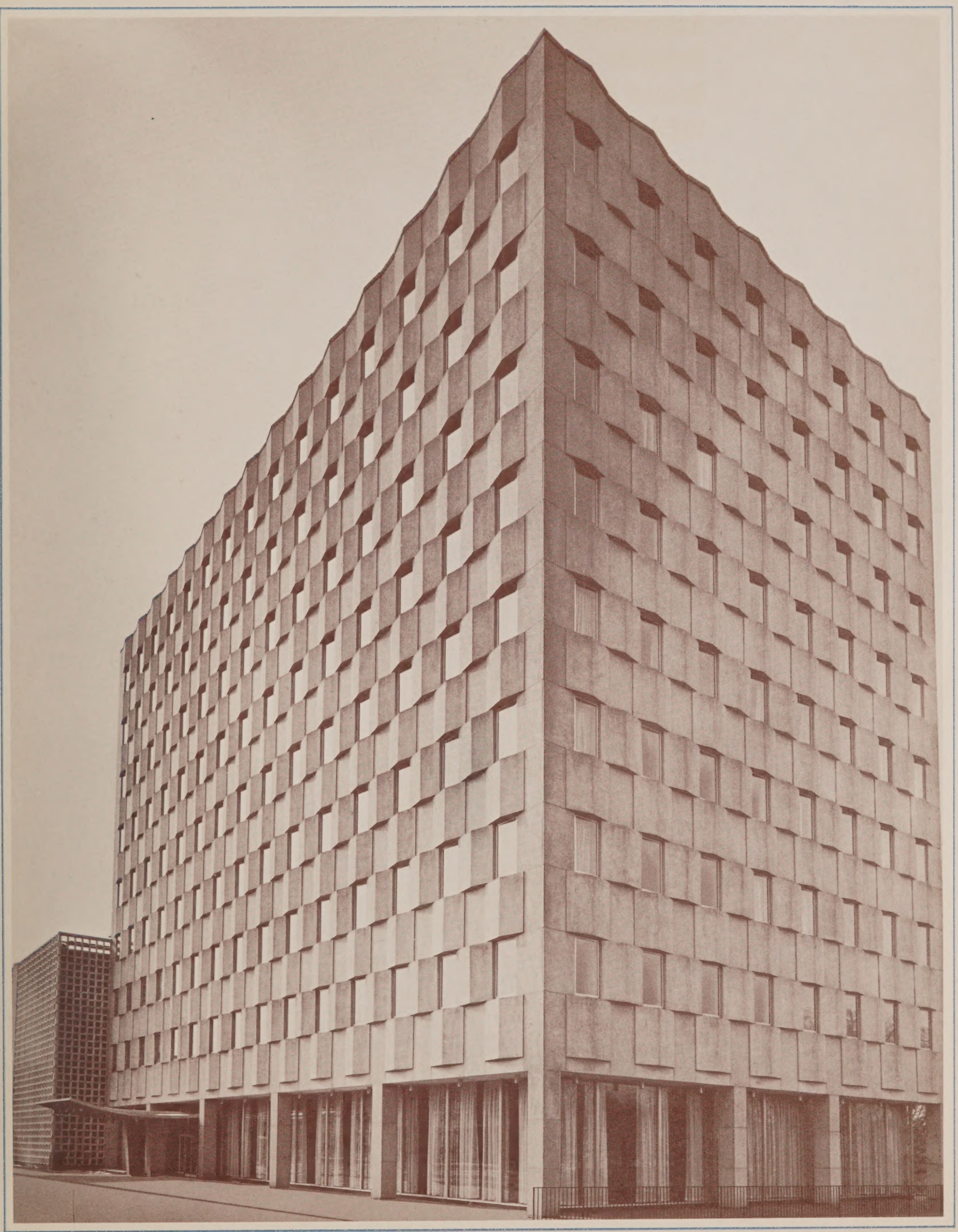
The new Deaconess Medical Office Building



Deaconess Medical Office Building and parking facility

Report of the President

The New England Deaconess Hospital assumed new dimensions during the past year. New construction has changed its silhouette on the Boston skyline and concepts of growth, still in the planning stage, have already enhanced its prestige and scope.

There has been a quickening of the collective pulse of its personnel and staff, measured at times in the pressures accompanying expansion; at other times, in the eagerness and enthusiasm inspired by a look at the future.

As pressures have increased with change, so too have been augmented the spirit of teamwork and dedication to the goal of maintaining our leadership tomorrow through intensified efforts of today.

A glistening, modern structure has arisen on the property bounded by Francis street, Brookline avenue, and the Riverway. The 10-story Deaconess Medical Office Building and 300-car parking facility, built at a cost of $4,300,000, bring a service and cohesiveness lacking heretofore in the Deaconess complex.

Closer liaison with the hospital for both staff doctors and their patients is achieved by the convenience of the Medical Office Building.

More than 50 physicians are committed to office space, and we are confident that the Building will be completely occupied within the coming year.

A restaurant and pharmacy will be welcome conveniences. We have helped substantially to advance the concept of the area as a great medical center serving all the needs of patients, doctors and visitors.

Major progress has been accomplished toward the reality of the Shields Warren Radiation Research Building. National recognition has been given to the medical promise inherent in the new facility.

New methods for the treatment of cancer by radiation will be developed and tested in the $2,300,000 laboratory building which will be constructed on land formerly owned by the Boston Edison Company between Brookline avenue and Binney street. The structure of pre-fabricated concrete and glass will rise four stories above the ground and will have radiation equipment in a basement and sub-basement to take advantage of the earth's natural shielding.

While the Deaconess Hospital will own the building, the research programs will be under the general direction of the Harvard Medical School. Dr. Henry I. Kohn, recently named the Alvan T. and Viola D. Fuller American Cancer Society Professor of Radiology, will direct the research studies.

When recently asked to list the most important equipment planned for the building, Dr. Kohn replied, "Brains!" This was most accurate. But as the needs arise, several types of high-energy radiation equipment for the experimental treatment of cancer must also be provided.

Among the most noteworthy aspects, and certainly deserving of our highest appreciation, is the cooperation of our neighboring hospitals in the venture.

Children's Hospital Medical Center and Beth Israel Hospital will use the facilities for clinical research. Eventually they, as the Deaconess, will be connected by tunnels with the building. Their assistance has been extensive during the formative stages, and has included sharing the cost of moving Boston Edison Company transformers off Binney street to the Harvard Medical School. Groundbreaking is planned in the near future and construction will require approximately two years.

Progress and change seldom allow pause. In the hospital and medical fields they are demanding factors. This comes into sharp focus even as we view proudly our record of the past year.

A pressing need is the construction of an additional five stories on the Central Building. No longer is the Deaconess Building adequate as a patient facility. Despite its continuing value for other types of services, it has been outmoded by age and design for patient use.

Our original plans for the Central Building, on the other hand, included meeting this contingency by upward expansion. The foundation was constructed with this in mind, and elevator shafts were designed to reach ten stories.

The urgency is accented by our continued high census and continued pressure by the doctors for beds. Such a concentration in the Central Building would add greatly to the efficiency of patient care and at the same time provide needed space in the Deaconess Building for other pressing hospital activities.

Finding areas for the expansion of our laboratories, for example, has been a problem of the highest priority. The workload in these departments has increased over one hundred per cent in the past ten years and new techniques continue this increase.

All our advances — those accomplished and those planned — would be mere dreams if it were not for the effort and sacrifice of the Administration, Trustees, Medical staff, Friends of the Deaconess, and the entire hospital. To all who are giving a tangible meaning to progress at the New England Deaconess Hospital, I extend the gratitude of the New England Deaconess Corporation.

November 19, 1963

Francis W. Capper
President

Report of the Executive Director

Each year as it becomes time to prepare the annual report of the Executive Director, the consistency of the continuing growth in service of the New England Deaconess Hospital is strikingly apparent. Trends which began to manifest themselves several years ago grow more pronounced, progress in specific areas is more definite, and certain problems more acute.

Even the preparation of the report itself becomes more complex as there are more and more areas about which to report, and it becomes increasingly difficult to do more than prepare a summary of progress and problems incurred during the year.

There are three criteria by which a hospital's performance must be evaluated; first, the quality of patient care given; second, the hospital's reputation in the community; and third, its financial report. While we are not at all displeased with either our balance sheet or our standing in the community, it is by the quality of service rendered our patients that we hope to be judged.

Quality of service is, in large part, dependent upon quality of personnel, both professional and non-professional, and we believe our record along these lines to be outstanding.

On the other hand, problems continue, as in previous years, in staffing certain departments.

Alarming shortages have developed among dietitians, medical case workers, and medical technologists. Some of these positions have been unfilled for more than a year. For instance, on September 1, 1963, we had only one permanent, qualified therapeutic dietitian as compared with a staff of eight two years ago. To meet these shortages in professionally trained personnel as many duties as possible are delegated to non-professional employees. During the coming year we plan to institute a program of administrative managers on nursing floors to free our nurses for maximum service on professional levels.

Despite the acute shortages in the mentioned departments, the hospital as a whole has done exceptionally well. A year ago we reported the lowest turn-over rate since the depression years . . . 34.4%; this year's rate was only 31.8%. 360 employees were eligible to attend this year's Service Award Dinner, honoring all personnel with the Deaconess five years or longer. This is an increase of 42% since 1956, the year of the first dinner.

Last year we reported the most patient days in our history — 119,391 — and expressed doubt that we could continue at that pace. In the following twelve months we had 120,259 patient days, or an occupancy of just under 90%. An average daily census of 330 places a heavy burden on every department and the demand for beds grows every day. There hasn't been a breathing spell in almost 30 months.

With the high patient census, and the increase in emergency and night admissions, heavier demands are placed on nursing personnel. Many of our patients are critically ill and require almost private duty care. The present special care unit is not adequate to accommodate all who need such care.

Surgery seems to have leveled off at an average of about 21 cases per day. The trend is toward an increase in vascular surgery and diagnostic procedures and away from thoracic, pancreatic and common duct surgery.

As a comment on our medical records department the following resolution, passed unanimously by the Medical Record Committee of the Medical Staff, is cited: "Resolved, that the personnel of the medical records department of the New England Deaconess Hospital be highly commended for cooperation in the preparation of records promptly, with high quality, and a minimum of administrative delay."

Never in history have hospitals had as difficult a time in trying to keep up with the new procedures, the new tests, the innovations that come along each year, and the new and necessary equipment which must be purchased if we are to keep pace with modern medicine and modern hospital operation.

Because of the continued increase in the demand for both routine and new laboratory procedures, the laboratories are being renovated at a cost of $118,000.

As an example in other than the medical end, five years ago it was thought that we were too small to warrant the installation of IBM equipment. Finally in 1960 an IBM installation was made and already it has been outgrown and is being replaced by a new and more complex unit. To cite only one instance of what we have been able to accomplish, before IBM, our pharmacy inventory (3500 items with a value of $90,000) took about four weeks to check. This year this inventory was completed in just four hours!

Because of the ever increasing amount of electrical equipment, our circuits became dangerously overloaded. This necessitated an increase in power coming into the hospital from 4,160 volts to 13,800 volts. The entire installation including rewiring and emergency stand-by equipment has been completed at a cost of almost $250,000.

We have also purchased and installed new equipment for the laundry and in September, 1963, won a national award for efficiency in this department. We have been able to decrease personnel from 29 to 19, and at the same time the amount of laundry handled increased by one-third. During the past year over 2⅓ million pounds of laundry were processed.

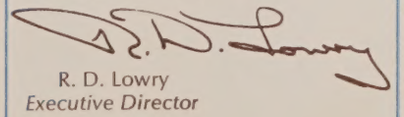
The workload in Administration has increased about 20% each year for the past five years, and in June of this year the department was reorganized.

Mr. Wesley D. Sprague resigned to accept a position in New York. Mr. Richard E. Lee, our Controller, was appointed Assistant Executive Director with primary responsibility for fiscal operation of the hospital. Miss Ellen Adams, our Personnel Director for the past 19 years, was made an Assistant Director and given additional responsibility of a number of departments. Mr. Theodore F. Koch, former President of Brown Durrell Company and a member of our Board of Trustees, resigned from these positions to become an Assistant Director of the hospital. His primary responsibility has been with the Office Building and parking facility. In addition, he has assumed responsibility for maintenance, laundry, purchasing and housekeeping. Dr. Shields Warren resigned as Pathologist-in-Chief in March and became Director of the Cancer Research Institute and was replaced by Dr. William A. Meissner, former Associate Pathologist.

The twelve months just ahead should see complete occupancy of our handsome New Medical Office building, increasing use of the new guest accommodations and the new public dining rooms, the opening of the new pharmacy, and greater dependence upon the new parking facility. In 1964 we also look forward to watching the Shields Warren Radiation Research Building begin to take form and substance.

As we see the fruition of the plans of past years, we cannot sit back, but must turn toward our next most pressing need . . . the expansion of the Central Building. When originally built, provision was made for an additional five stories to be constructed at a later date. A committee of the Trustees is at work on a feasibility study. Completion of this building would ease considerably the problems resulting from a shortage of space to meet the ever increasing demands of patient services. The additional space would provide a better balance of private, semi-private, and ward patient accommodations; would allow a larger special care unit; adequate nursing offices, expanded laboratory facilities . . . all adding up to a more efficient service to our patients.

Again, I wish to express my gratitude and deep appreciation to those patient and dedicated men and women who have given unstintingly of their time to various committees. Our thanks also to all department heads, and employees, Friends of Deaconess, and other volunteers who mean and who give so much of themselves to our hospital.



R. D. Lowry
Executive Director

New England Deaconess Hospital, clinic complex

(a) New England Deaconess Hospital, whose facilities strengthen the medical hopes of the (b) Joslin Clinic, with their work in diabetes; (c) Lahey Clinic, specialists in all phases of medicine and surgery, and (d) Overholt Thoracic Clinic, for chest and heart specialties; and (e) members of the New England Deaconess Hospital general medical staff, some of whose offices are in the new Deaconess Medical Office Building.

Deaconess Hospital / Joslin / Lahey and Overholt Clinics / Medical Office Building

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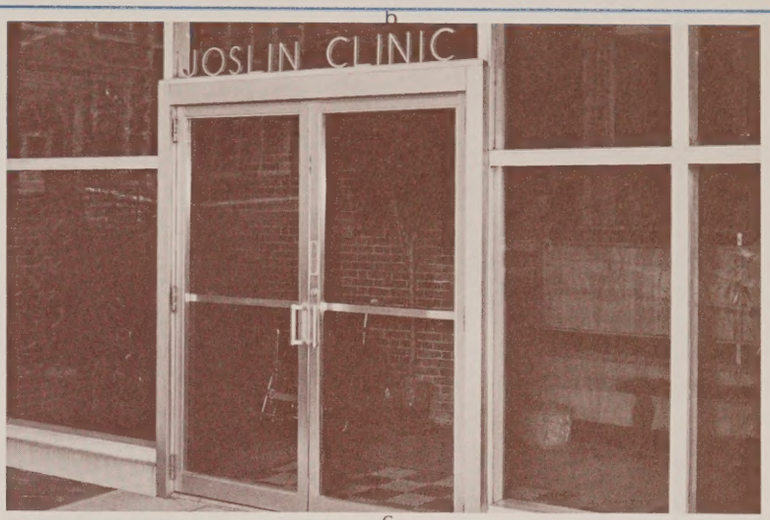
b



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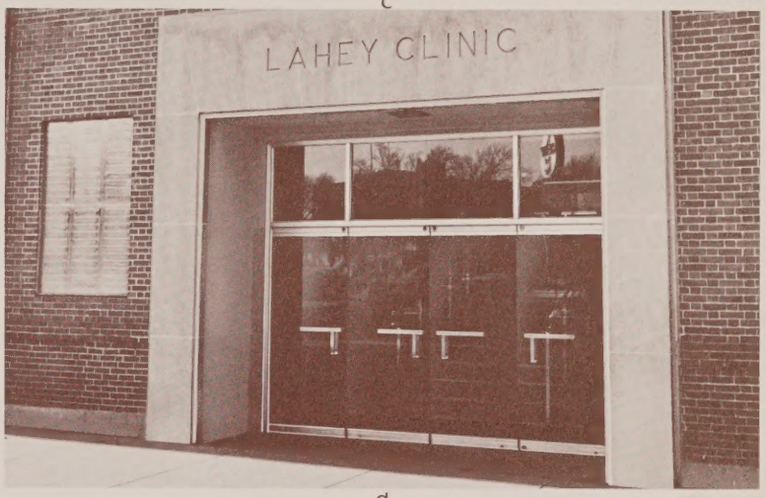

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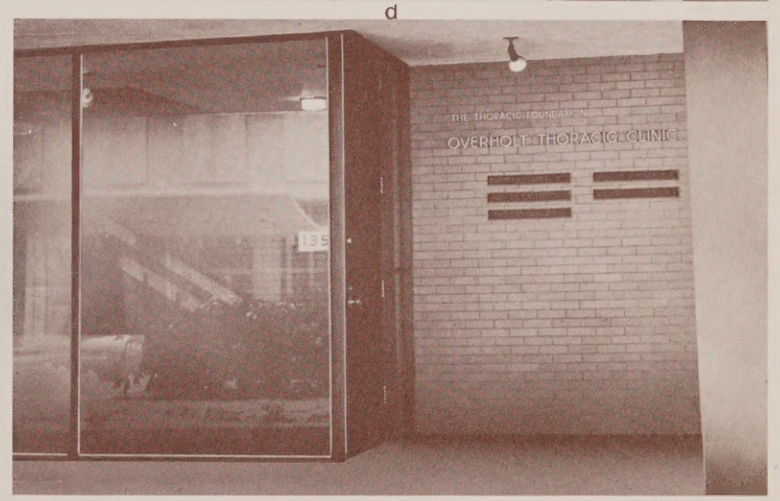

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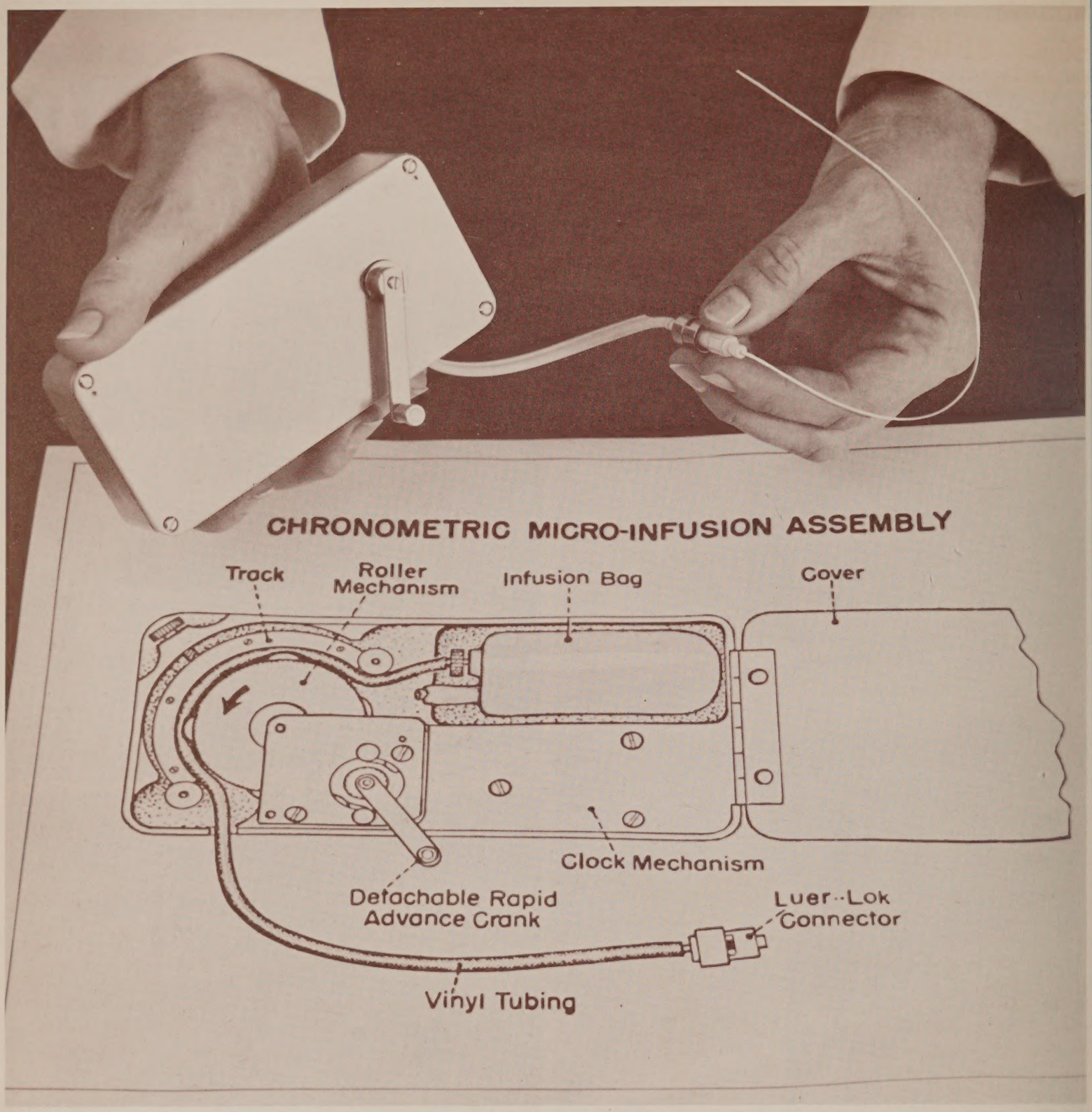


Portable Infusion Pump

Until the development of the Portable Infusion Pump by Dr. Elton Watkins, Jr., patients with certain forms of cancer requiring long term infusion treatment were restricted to the hospital. Now a patient whose general health permits, can wear this ½ pound unit on his person, reducing hospitalization by allowing continuation of therapy on an out-patient basis.

The practical efficacy of this ambulatory, miniature pump apparatus for maintaining continuous long term infusion of cancer chemotherapeutic drugs, was evaluated by Dr. Robert D. Sullivan, with patients requiring long term infusion treatment.

For all 30 patients in whom the apparatus has been used thus far, successful infusions were completed. The small hearing-aid type unit has a clock mechanism, which drives a roller pump occlusively impinging on a segment of tubing to impel fluid from a disposable plastic bag into a small tube situated within a blood vessel. The clock mechanism is wound by the patient every eight hours.

Annual Report of the Medical Staff

1963 has been another year of progress; a year of advances, increases and improvements on all fronts. Advances in treatment and understanding of disease processes have continued, principally in the non-surgical treatment of malignant disease and in some aspects of diabetes and related complications. The increases have come, as in the past, with a mounting patient load and the correspondingly greater demands to be met by laboratory and x-ray services. The new Deaconess Medical Office Building and the addition to the Diabetes Foundation Building are improvements which will facilitate the care of an even greater number of patients.

The past year has seen a continuing increase in medical admissions to all services of the hospital reflecting a similar trend in teaching hospitals throughout the country. This situation results from the development of many new fields of medical therapy, the treatment of conditions previously considered untreatable, and the steady increase of people in older age groups where degenerative arterial disease and metabolic diseases are most common. The general medical staff has been broadened during the past year to provide increased coverage in rheumatoid diseases and gastroenterology.

A significant amount of time of the attending staff has gone into the residency training program . . . a program currently involving fifty-five residents which gives high returns in terms of improved patient care. This is manifest in daily teaching and by example at the bedside and surgical table, in weekly medical and surgical grand rounds and tumor conferences at which unusual problems in diagnosis and treatment are discussed; in monthly staff meetings at which deaths, complications, and hospital problems are reviewed; and in quarterly staff meetings at which more general subjects are presented.

The general medical staff also has given freely of its time for participation in the various standing committees of the hospital and of the Medical Administrative Board. They have also continued to staff the out-patient specialty clinic which is conducted in conjunction with the general tumor clinic.

The activities of the general medical and surgical staffs have continued to be channeled through monthly administrative meetings which are held as one-hour Saturday breakfasts. These meetings are attended by representatives from the Lahey Clinic, Joslin Clinic and administrative officers of the New England Deaconess Hospital and serve as good means of improving communications between the different medical sections.

In reviewing the surgical activities of the past year we are justifiably proud of the continued high quality of patient

care and in the large number of unusual and difficult operations performed. A commendably low infection and mortality rate have been maintained with the aid of efficient and intelligent care of patients in the operating, recovery and special care units. Although the total number of operations performed decreased, somewhat more personnel were involved, especially in the anesthesia area, due to the increased demands of complicated procedures in open heart, arterial and emergency surgery.

Increased efficiency has been achieved also in those areas of service so often taken for granted such as the blood bank, oxygen therapy, intravenous therapy, and resuscitation of patients suffering from cardiac and respiratory failure. Monitor pacemakers have been used for every surgical patient for whom they were needed.

Cooperation and collaboration of individual members of the medical staff and of groups of the staff have always been characteristic of the New England Deaconess Hospital. A recent illustration of such cooperation has been the teamwork of the Lahey Clinic with the Joslin Clinic in dealing with selected patients threatened with blindness as a result of diabetic retinopathy.

In a substantial number of cases this teamwork has shown gratifying results following surgery on the pituitary gland.

In the neurosurgical field, Dr. Charles A. Fager has also been particularly interested in surgical measures to alleviate Parkinson's syndrome. The Deaconess Hospital now uses a radio frequency lesion-generator, and a special electrode has been devised for use with the stereostatic instrument.

Dr. Robert D. Sullivan and Dr. Elton Watkins of the Lahey Clinic have continued their collaboration in the chemotherapy of cancer, and have undertaken the administration of chemical agents in conditions previously considered entirely hopeless, such as metastatic cancer of the liver. They have devised a portable miniature chronometric infusion pump weighing half a pound which can be carried on the patient's person like a hearing aid; this permits the prolonged and continuous intravenous and intra-arterial infusion of medication. A patient who would otherwise be restricted to the proximity of a hospital bed may now, if his general condition permits, be free to be up and about within and even outside the hospital. This self-contained pump is driven by a clock mechanism. It delivers approximately a spoonful of solution in 24 hours, the amount that contains the daily dose of chemotherapeutic drug, and it has the capacity to operate continuously for three to six days.

The pump may then be recharged with the drug if the course of therapy has not been completed.

In cancer chemotherapy several drugs have been evaluated, among them streptonigrin, which is virtually without serious side effects when used on the safe dosage schedule that has been developed.

Working in the Cancer Research Institute, Dr. Albert L. Sheffer of the Lahey Clinic has been conducting experiments related to granuloma formation in guinea pigs treated with tubercule bacilli suspended in hydrocarbon. Nodules developing in the skin, joints and fatty tissues resemble lesions that occur in human diseases such as sarcoidosis and collagen diseases such as scleroderma and polyarteritis.

Work in the department of Radiology continues to progress. One radiographic room has been remodeled and a new generator with a special purpose table, a rapid film changer and a power injector has been installed. There is a program selector which may be pre-set to regulate the speed of the film sheets and the firing of the x-ray tubes. An almost unlimited variety of sequences can be arranged for fast (up to 6 per second) and slow passage of films. The power injector, required for the delivery of a bolus of concentrated dye at the right point at the right time, may be set to provide as much as 800 pounds of pressure per square inch.

The high incidence of malignant disease continues throughout the hospital, making necessary an increasingly large number of studies of the urinary tract. These studies yield information concerning tumor masses within the deeper portions of the abdomen, since such masses may displace the kidneys, ureters or bladder. The program of x-ray therapy for such tumors, rarely removable by surgery, continues and is frequently combined with chemotherapy.

During the past year sizable numbers of patients with diabetes have continued to enter the Deaconess Hospital for treatment by physicians of the Joslin Clinic and other members of the staff. Many come chiefly for treatment of diabetes alone, others come with a complication which may or may not be related to diabetes. With the latter, a high degree of cooperation has been achieved with specialists of varied disciplines working together to achieve maximum health for the patient.

The Hospital Teaching Unit continues to prove its worth in both the treatment and the education of ambulatory in-patients and their families who learn from the staff and from experience under conditions approximating the home environment as nearly as possible.

Work in the Baker Clinic Research Laboratory has continued energetically under the directorship of Dr. George F. Cahill, Jr.

Advances in the treatment of diabetes resulting from this research include: reaffirmation of the value of a carefully planned diet; a program of individualized selection of the appropriate type, dose and time of administration of insulin with consideration of the value of split doses; and increased understanding of oral hypoglycemic agents; recognition of the value in many cases of high insulin requirement of the use of insulins of solely pork origin; gaining of experience in surgery of the arterial system, particularly as regards endarterectomy and by-pass procedures around the occluded arteries.

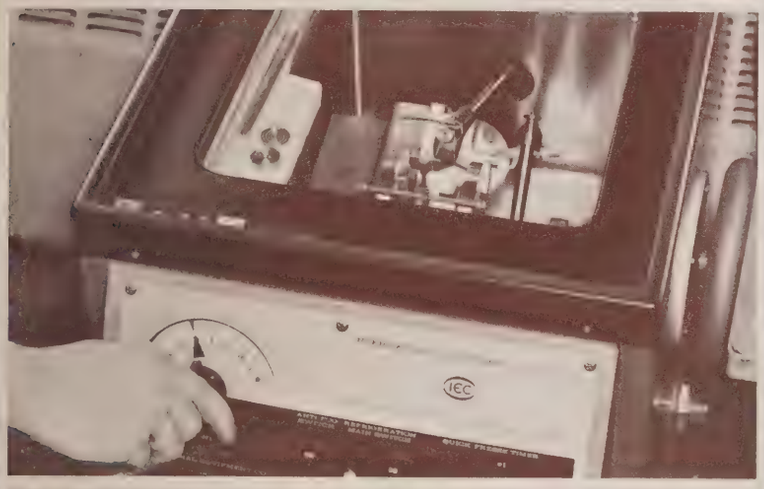
The number and variety of laboratory tests performed in the Pathology Laboratories are increasing at the annual rate of ten per cent, resulting in continual problems in providing personnel and space to maintain and expand the highest quality of laboratory work. Space problems are being met by structural changes and improvements in scheduling. Personnel problems are being met in large part by the School of Medical Technology now in its second year with twenty-three students. Run in conjunction with the cooperative work-study program at Northeastern University, students at the end of five years will be well trained and experienced medical technologists with a degree of Bachelor of Science in Medical Technology.

A new procedure is never accepted until it has been carefully surveyed and validated. Established procedures must be continually checked for accuracy so that measurements by given test are comparable from day to day and from month to month. This has resulted in the development of a system of checks known as "quality control", and it is gratifying to know that our laboratories have been recognized as leaders in this field.

During the course of the past year there have been several personnel changes. Dr. Shields Warren has turned over the duties of Chief of the Laboratories to Dr. William A. Meissner, but he continues to remain on the active staff of the department. Dr. Harry W. Carter and Dr. Robert L. McCauley have been added to the staff.

Special Care Unit— Patients requiring intensive post-operative care are transferred to the Special Care Unit, where a team of doctors, nurses, technicians and the newest, most sophisticated medical-electronic equipment are all available for the patient's immediate needs. Doctors estimate that one life a week is saved because of the availability of this unit.

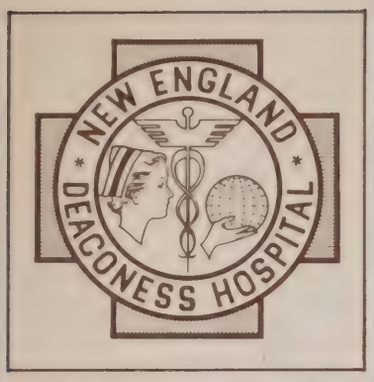
The Tri-Carb Spectrometer — An integrated instrument designed specifically for liquid scintillation counting. One of the oldest nuclear arts, this particular instrument records and detects radioactivity with amazing sensitivity and versatility. Completely automatic, it saves hundreds of research hours in man's effort to solve the problems of disease.



The Microtome-Cryostat — A rapid and easy method of preparing frozen tissue, demonstrating tissue sections and also preparing biopsies for surgical pathology.

Significant reports and books on medical subjects.

Important scientific and medical contributions have been made by New England Deaconess staff physicians, who, along with their daily quest for survival of man, find the time to share their knowledge with their fellow physicians.



Senior Active Staff

Medical Division

Frank N. Allan, M.D.
Theodore L. Badger, M.D.
C. Cabell Bailey, M.D.
Francis G. Barnum, Jr., M.D.
Carl C. Bartels, M.D.
Elmer C. Bartels, M.D.
George O. Bell, M.D.
Robert F. Bradley, M.D.
Allen G. Brailey, M.D.
Robert E. Brownlee, M.D.
John W. Cass, Jr., M.D.
Robert E. Crozier, M.D.
Donat P. Cyr, M.D.
Albert I. C. DeFriez, M.D.
John B. Dynes, M.D.
B. Dan Ferguson, M.D.
Luis Fernandez-Herlihy, M.D.
Robert Fleming, M.D.
Robert E. Foley, M.D.
Frank P. Foster, M.D.
John L. Fromer, M.D.
Walter T. Goodale, M.D.
Basil C. Gray, M.D.
William B. Hadley, M.D.
Elmer W. Heffernon, M.D.
Elmer E. Hinton, M.D.
Albert A. Hornor, M.D.
Lyman H. Hoyt, M.D.
Harriet D. James, M.D.
Allen P. Joslin, M.D.
Everett D. Kiefer, M.D.
Leo P. Krall, M.D.
Edwin J. Kroeker, M.D.
Simeon Locke, M.D.
George E. MacDonald, M.D.
Joseph E. Mackie, M.D.
Robert J. MacMillan, M.D.
James S. Mansfield, M.D.
Alexander Marble, M.D.
L. Tillman McDaniel, M.D.
Francis E. McDonough, M.D.
Rosemary A. Murphy, M.D.
John W. Norcross, M.D.
F. Warren Nugent, M.D.
A. Seymour Parker, Jr., M.D.
Leroy E. Parkins, M.D.
Carey M. Peters, M.D.
M. D. Phelps, Jr., M.D.
Hugh M. Pyle, M.D.
Oscar J. Raeder, M.D.
Charles B. Roehrig, M.D.
Howard F. Root, M.D.
John R. Ross, M.D.
David I. Rutledge, M.D.
Dwight L. Siscoe, M.D.
M. Frances H. Smith, M.D.
Carlton R. Souders, M.D.
William B. Stevens, M.D.
Robert F. Tilley, M.D.
Martin L. Tracey, M.D.
Walter I. Tucker, M.D.
James L. Tullis, M.D.
Henry R. Viets, M.D.
Priscilla White, M.D.
Henry E. Zellmann, M.D.

Surgical Division

Herbert D. Adams, M.D.
Hollis L. Albright, M.D.
Thomas J. Anglem, M.D.
H. Thomas Ballantine, Jr., M.D.
Frank D. Bates, M.D.
William P. Beetham, M.D.
James A. Bougas, M.D.
David P. Boyd, M.D.
John W. Braasch, M.D.
John R. Brooks, M.D.
Richard B. Cattell, M.D.
Bentley P. Colcock, M.D.
Edward H. Copenhaver, M.D.
Harvard H. Crabtree, M.D.
Ernest M. Daland, M.D.
Robert E. Desautels, M.D.
Vernon S. Dick, M.D.
Willard E. Dotter, M.D.
Edward J. Durling, D.M.D.
Carl H. Ernlund, M.D.
Earl E. Ewert, M.D.
Charles A. Fager, M.D.
Lloyd D. Flint, M.D.
Clifford C. Franseen, M.D.
John R. Frazee, M.D.
Gerald G. Garcelon, M.D.
F. Thomas Gephart, M.D.
Roger C. Graves, M.D.
Edward B. Gray, Jr., M.D.
Thomas H. Green, Jr., M.D.
Paul F. Gryska, M.D.
Walter C. Guralnick, D.M.D.
George Hammond, M.D.
E. Parker Hayden, M.D.
John M. Hill, M.D.
Carl S. Hoar, Jr., M.D.
Francis M. Ingersoll, M.D.
Varaztad H. Kazanjian, M.D., D.M.D.
Richard C. Kerr, M.D.
G. David King, M.D.
Edwin F. Lang, M.D.
Frank D. Lathrop, M.D.
Charles C. Lund, M.D.
Samuel F. Marshall, M.D.
Richard A. Mayo, M.D.
William V. McDermott, M.D.
John B. McKittrick, M.D.
Leland S. McKittrick, M.D.
Robert H. Morris, M.D.
Wilford B. Neptune, M.D.
Kenneth S. Oliver, M.D.
Melvin P. Osborne, M.D.
Richard H. Overholt, M.D.
Langdon Parsons, M.D.
W. Bradford Patterson, M.D.
Louis N. Pernokas, M.D.
John V. Pikula, M.D.
James L. Poppen, M.D.
Theodore C. Pratt, M.D.
Eugene E. Record, M.D.
Aram Roopenian, M.D.
John L. Rowbotham, M.D.
Alfred W. Scott, M.D.
Earl S. Seale, M.D.
Cornelius E. Sedgwick, M.D.
George W. B. Starkey, M.D.
John W. Strieder, M.D.
William Sweet, M.D.
Neil W. Swinton, M.D.
Grantley W. Taylor, M.D.
Kenneth W. Warren, M.D.
Elton Watkins, M.D.
Don James Weekes, M.D.
Frank C. Wheelock, Jr., M.D.
Earle W. Wilkins, Jr., M.D.
Lorande M. Woodruff, M.D.
Francis M. Woods, M.D.

Consulting Staff

Joseph C. Aub, M.D.
Edward B. Benedict, M.D.
Walter S. Burrage, M.D.
G. Colket Caner, M.D.
Earle M. Chapman, M.D.
Fletcher H. Colby, M.D.
Richard S. Cotton, D.S.C.
Laurence B. Ellis, M.D.
Sidney Farber, M.D.
Olive Gates, M.D.
Luke Gillespie, M.D.
Burton E. Hamilton, M.D.
John F. Kelly, D.S.C.
Harold B. Kenton, Ph.D.
Henry I. Kohn, M.D.
Wyland F. Leadbetter, M.D.
Rob Roy McGregor, D.S.C.
Francis D. Moore, M.D.
Duncan E. Reid, M.D.
William P. Rogers, Jr., M.D.
Roland M. Rosenthal, D.S.C.
Richard P. Stetson, M.D.

Anesthesiology

Francis J. Audin, M.D.
Joseph P. Crehan, M.D.
Urban H. Eversole, M.D.
Leo V. Hand, M.D.
Stephen Y. Klingler, M.D.
Morris J. Nicholson, M.D.
Robert B. Orr, M.D.

Pathology

William A. Meissner, M.D.
Pathologist-in-Chief
Shields Warren, M.D.
Bradley E. Copeland, M.D.
Merle A. Legg, M.D.

Radiology

Joseph H. Marks, M.D.
Radiologist-in-Chief
Mirle A. Kellett, M.D.
Associate Radiologist
David O. Johnston, M.D.
Magnus I. Smedal, M.D.

Junior Active Staff

Medical Division
Sidney Alexander, M.D.
Donald M. Barnett, M.D.
Russell S. Boles, Jr., M.D.
W. Richard Burack, M.D.
Edgar S. Cathcart, M.D.
Eugene P. Clerkin, M.D.
Joseph F. Dingman, M.D.
Jurgen H. Fischer, M.D.
Frank A. Howard, M.D.
Richard C. Lippincott, M.D.
Richard A. Norton, M.D.
Searle B. Rees, M.D.
Albert L. Sheffer, II, M.D.
Dana M. Sheldon, M.D.
Robert D. Sullivan, M.D.
Richard W. Thaler, M.D.
William Torgerson, Jr., M.D.
Fred F. Whitcomb, Jr., M.D.
Donna Younger, M.D.

Surgical Division
Ernest M. Barsamian, M.D.
John M. Carroll, M.D.
R. Clement Darling, M.D.
Joseph B. Dowd, M.D.
Gordon F. Lupien, M.D.
Keith Merrill, Jr., M.D.
Richard L. Miner, D.D.S.
Peter Oliver, M.D.
Benjamin Schatman, M.D.
J. Henry Stempien, D.M.D.
Bartlett H. Stone, M.D.
Malcolm C. Veidenheimer, M.D.

Anesthesiology
Ines Acuna, M.D.
Julie S. Crocker, M.D.
Eliot S. Irving, M.D.
Richard R. Jackson, M.D.
Fredrick S. McAlpine, M.D.
Andrew Emile St. Amand, M.D.

Pathology
Harry W. Carter, M.D.
Gilbert H. Freidell, M.D.
Robert L. McAuley, M.D.

Radiology
Harry Bailey, M.D.
John Keogh, M.D.

Courtesy Staff
George G. Bailey, M.D.
Albert H. Brewster, M.D.
Bradford Cannon, M.D.
Harry W. Harding, D.M.D.
William Robinson Hill, M.D.
John S. Hodgson, M.D.
Lewis W. Kane, M.D.
Sylvester B. Kelley, M.D.
Raymond N. Kjellberg, M.D.
F. William Marlow, Jr., M.D.
Carroll C. Miller, M.D.
Richard H. Norton, Jr., D.M.D.
Ferdinand A. Salzman, M.D.
Esther Silveus, M.D.
Herbert S. Sise, M.D.
Lamar Soutter, M.D.
John W. Spellman, M.D.
Laurens P. White, M.D.
Robert E. Wise, M.D.
Paul A. Younge, M.D.

Cancer Research Associates
Edward J. Behrman, Ph.D.
*Robert L. Collin, Ph.D.
Russell F. Cowling
James Taylor Duhig, M.B., B.S.
Gilbert H. Freidell, M.D.
Olive Gates, M.D.
David L. Joftes, Ph.D.
Thomas Carlyle Jones, D.V.M.
W. Eugene Knox, M.D.
Henry I. Kohn, M.D. Ph.D.
Hermann Lisco, M.D.
Halsey B. Loder, M.D.
Leonid S. Snegireff, M.D.
Jose R. Solis, M.D.
Edna H. Tompkins, M.D.

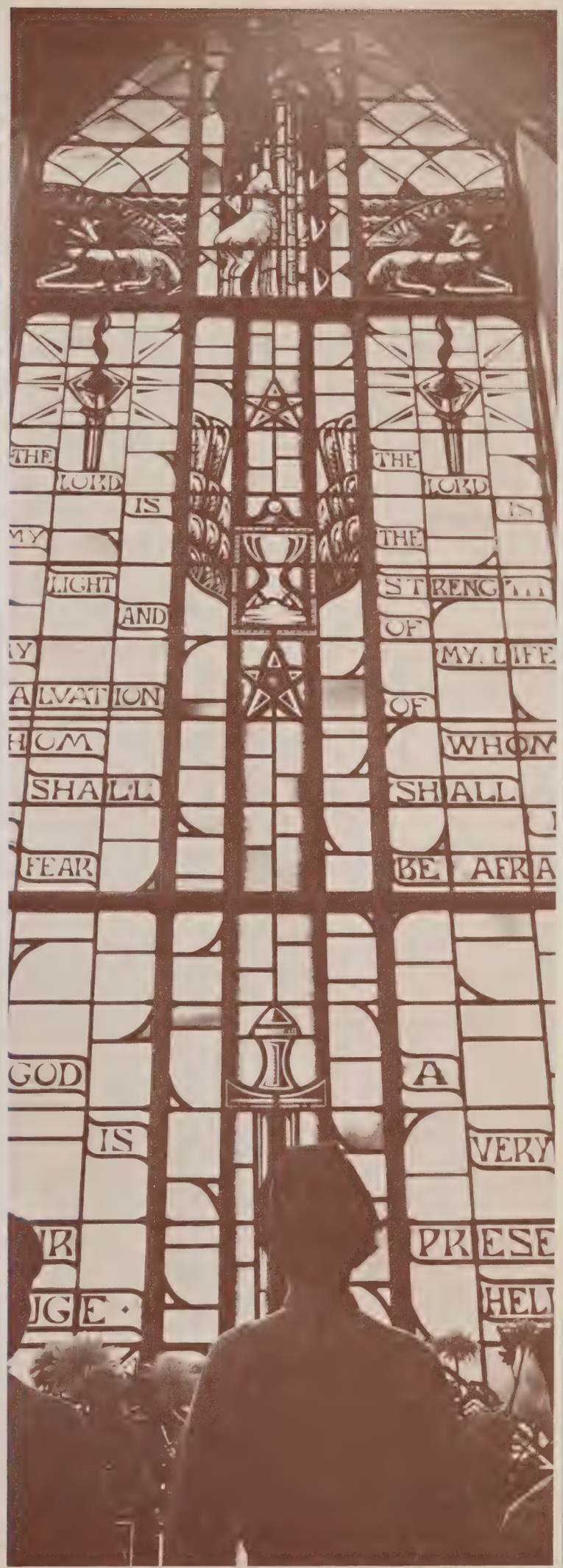
Baker Clinic Research Associates
Alfredo Cervantes Amezcua, M.D.
George F. Cahill, Jr., M.D.
Rafel A. Camerini, M.D.
Robert Fuisz, M.D.
Antonio Garcia, M.D.
A. David Goodman, M.D.
M. Guillermo Herrera, M.D.
Robert A. Kreisberg, M.D.
Daniel A. Pometta, M.D.
Denis Slone, M.D.
J. Stuart Soeldner, M.D.
Robert G. Spiro, M.D.
George R. Steiner, M.D.
Jurgen Steinke, M.D.
Lily Tashima, Ph.D.
Jan Taton, M.D.

*Leave of Absence

The Arthur T. Dooley Chapel

"Open, ye everlasting gates they sung,
Open, ye heavens, your living doors; let in
The great Creator from his work return'd
Magnificent, his six day's work, a world."

John Milton, *Paradise Lost*


THE LORD IS
MY LIGHT AND
SALVATION
WHOM SHALL I FEAR
THE LORD IS THE STRENGTH OF MY LIFE
OF WHOM SHALL BE AFRAID
GOD IS A VERY PRESENT HELP

A pause to reaffirm jointly the purpose of service after contributing individually many hours to the New England Deaconess Hospital.

Report of the Friends

The thirtieth year of the Friends of the Deaconess Hospital, Inc. ended September 30, 1963. We are pleased to report that all our projects have prospered. This happy state is due to several factors . . . the many and generous volunteers who gave over 16,500 hours of time, the excellent staff of the Coffee Shop, the efforts of the Friends' secretary, and the generosity of the hospital in giving us free rent, light and heat.

The Coffee Shop Committee reports that thanks to a monthly average of 20,000 customers their books show a profit of $20,049. A new venture is the donation of a full annual scholarship to a student of the School of Nursing. The first recipient, Miss Sharon Titus of Lisbon, New Hampshire, entered this year.

The Gift Shop was renovated in the spring and, with the Flower Shop, adds to the attractiveness of the lobby of the Central Building. Both shops, open daily, are helpful to the morale of patients and visitors alike. The courtesy cart, a traveling gift shop, is wheeled by a volunteer to patients' rooms so that they may make necessary purchases with ease. The Gift Shop turned $2,500 into the treasury and the Flower Shop $748.

The Thrift Shop is open four days a week. The sixteen volunteers are to be congratulated for the capability and energy which added $8,722 to our treasury. The new location, with its direct entrance on Pilgrim road, attracts many customers.

The Women's Societies of Christian Service of 136 Methodist churches in the New England area contributed $839. This money was added to the Nursing School Scholarship Fund.

The annual fund raising events also benefit the School of Nursing. Nurses and Friends cooperate in conducting the Christmas bazaar the first Friday in December. Deaconess "Pops" Concert in May is another occasion. $3,295 was raised in 1962-63.

The Diversional Therapy Group has proven its worth measured by the response and gratitude of the patients. Fourteen regular volunteers gave 900 hours of work and visited hundreds of patients. This work continued during the summer with the help of our teen-age Candy Stripe volunteers. A word of thanks and of praise for our Candy-Stripers, for without them our summer efforts would be seriously curtailed.

On a Sunday in mid-December, the Friends held Open House in the central lobby. Coffee, punch and cookies were served to three hundred or more hospital workers and visitors. The Hospitality Committee also provided for a Valentine Tea held in Harris Hall for the nurses and students.

The thirtieth annual meeting on October 15, 1963, was a luncheon meeting and was held at the Trinity place residence of the Chandler School for Women. Mrs. Richard H. Overholt spoke about Russia to a group of one hundred seventy.

To summarize, our gifts to Deaconess Hospital totaled $30,000 and to the School of Nursing $4,096. As our enterprises grow we find great satisfaction in the resulting material benefit. Even more important than that, we are glad to be able to do our part in adding to the cheerful, friendly and reassuring atmosphere found at the Deaconess.

January 24, 1964

Margaret W. Mountz

Mrs. James T. Mountz
President

Eight days in the life of an eight year old. In this remarkably short span of time, little Rita Dinquell of Quincy, Massachusetts was operated on for open heart surgery and on the eighth day, walked down the Deaconess corridor with student nurse Sharon St. Ledger of Skowhegan, Maine. During those time-ticking days many elements were at work — prayer, the agonizing soul searching of her parents, faith in modern surgical techniques, tender loving care for the moppet. The sum and total of this annual report adds up to the story of Rita, and can be translated in the terms of that ancient third grade primer we read so long ago. To paraphrase: See Rita? See Rita live? Live, Rita, Live!'

Deaconess Progress Report

The only method of evaluating progress is result. If the result exceeds expectations, then it is safe to assume progress has been made. Here at Deaconess, we feel progress has been made, thanks to the combined efforts of everyone involved in the dreams which have become realities.

The muffled hum and click of the mechanical Collosus, the IBM 1440 is now officially 'on the staff' of Deaconess and the results of this wizardry have been so significant in the preparation and speed with which it handles payrolls, billing and accounting problems, it is now being considered for use of the nursing staff, in order to facilitate scheduling assignments. So effective is the 1440, it may eventually be used to monitor patient's treatment, to quickly brief physicians on the progress of patients . . . it may even be used to indicate which patients need the most nursing attention — though, because it lacks the human touch, may never replace TLC!

The New England Deaconess is the first hospital in the United States to recognize and utilize the IBM 1440, and as a result of our perception, other hospitals in the Boston area and throughout the nation are considering the possibilities.

The new medical technology program, instituted by Deaconess in co-operation with Northeastern University, has already proven itself to be a fruitful and powerful step toward progressive medical technology.

The establishment of a degree program for medical technologists was begun in 1960. The five-year program — another first — it being the only one of its kind in the nation — will give students almost 2 years of training in medical technology at Deaconess, while qualifying them for a Bachelor's Degree at Northeastern University.

The first graduating class, like all pioneer classes, will number eight graduates. This year's enrollment numbers 25!

Dr. William A. Meissner, Pathologist-in-Chief, and Dr. Bradley E. Copeland, Associate Pathologist at Deaconess are spearheading the project.

The new Deaconess Medical Office Building, its guest rooms, the new Riverway Restaurant, the parking facility for 300 cars are tangible signs of progress at Deaconess. Under construction are the Shields Warren Radiation Research Building and tunnel which will connect all major hospital facilities in the area to Deaconess, are all part of the portrait of progress being created at New England Deaconess Hospital.

But progress is a man-made product. Dreamed and conceived of by man, it can only be achieved through man's efforts. The machines, the equipment, the techniques can only become actualities after man has given birth to the dream and life to the project.

And while this is a progress report on the efficiency and results of planned projects in operation, it is more in a sense, a progress report on the people who have made it possible.

The new Riverway Restaurant

The new Riverway Restaurant is a welcome addition to the facilities of the Deaconess. Designed to cater to the needs of small and large groups of guests, there are large, airy rooms which can be divided for luncheon and dinner meetings and seminars. Excellent food is served well in a modern, colorful decor. A view of the Riverway kitchen, completely air-conditioned, where food is prepared by a master chef and his assistants.

Deaconess Medical Office Building –Guest Rooms

Visitors traveling with patients and patients requiring medical attention but not bedside care can stay in the new, attractively designed and furnished air conditioned guest rooms in the Deaconess Medical Office Building. All the conveniences are here, including TV, telephone, bath and shower, and excellent parking facilities. It is only fifteen minutes from downtown Boston. A tunnel connection to the Deaconess Hospital eliminates any unnecessary walking above ground in inclement weather.

Doctor's Offices

Staff physicians of the New England Deaconess can keep in close contact with the problems and progress of their patients, thanks to the proximity of their offices to the hospital. This newest addition of offices links more closely the services of the general medical staff with the outstanding facilities provided by the hospital. The close liaison insures the best practice of medicine as well as giving the patients and their relatives a greater sense of security.

New Pharmacy

A new pharmacy, fully stocked, is managed by a former twelve-year employee of the hospital. Patients will find comfortable chairs while waiting for their prescriptions to be compounded. Prescriptions are mailed to any place in the world on request. The pharmacy is located on the left of the main entrance to the Deaconess Medical Office Building.

Proposed Five-story addition of Deaconess Central Building

Architect's drawing of the proposed five-story addition to the Central Building of the Deaconess. The proposed addition is the next major project under discussion. When construction begins, completion of the project will take about eighteen months.

New connecting tunnel to link all hospital facilities in the area...

A totally unique and inspiring architectural concept is in the making at New England Deaconess — probably the first of its kind in the world of medicine. An atmosphere-controlled tunnel will link the new Shields Warren Radiation Research Building to the Deaconess Hospital. The tunnel will be joined by other connecting tunnels and will eventually fan out to all hospital facilities in the area, including Beth Israel, Children's Hospital, Harvard Medical School, Boston Lying-In Hospital, Peter Bent Brigham Hospital, Joslin Clinic, Cancer Research Institute and the Deaconess Medical Office Building.

This triumph in engineering will enable doctors and technicians easier access to patients and facilities; allow visitors staying in the guest rooms to reach patients and doctors with a minimum of inconvenience, and will eliminate many of the potential dangers and inconveniences hospital administrators are faced with, in the transferral of patients.

Shields Warren Radiation Research Building

Architect's drawing of the proposed Shields Warren Radiation Research Building.
Estimated cost: over two million dollars. Completion date is set for 1965.

Officers of the Corporation

President
Francis W. Capper
68 Monmouth Street,
Brookline, Massachusetts

Vice Presidents
Howard D. Brewer
67 Union Street,
Worcester, Massachusetts

Laurens MacLure
Boston Safe Deposit
& Trust Company
100 Franklin Street,
Boston, Massachusetts

Treasurer
Henry S. Rogerson
50 Federal Street,
Boston, Massachusetts

Assistant Treasurer
Laurens MacLure
Boston Safe Deposit
& Trust Company
100 Franklin Street,
Boston, Massachusetts

Clerk
Vincent P. Clarke
27 State Street,
Boston, Massachusetts

Executive Committee of Trustees

Francis W. Capper, *Chairman*
John Barnard
Vincent P. Clarke
Edward Dane
Laurens MacLure
Mrs. Eugene H. Mather
James T. Mountz
Henry S. Rogerson
William B. Snow

Staff Representatives
Alexander Marble, M.D.
Joseph H. Marks, M.D.

Administration

Executive Director
Robert D. Lowry

Assistant Executive Director and Controller
Richard E. Lee

Assistant Director and Personnel Director
Ellen Adams

Assistant Director
Theodore F. Koch

Night Administrator
John F. Slayton

Administrative Assistant
Hubert D. Sycamore

Director of Nursing
Ellen D. Howland

Chief Dietitian
Rose M. DeFlora

Laundry Manager
Walter C. Emery

Purchasing Agent
W. Clifford Fisher

Director of Administrative Services
Marjorie M. LeBeau

Public Relations Director
Edward G. McGrath

Credit Manager
Milton B. Nelson

Social Service Director
Lucile F. Palmer

Executive Housekeeper
Hilda T. Peacock

Director of Surgeries
Ruth E. Pendleton

Director of Engineering
Donald L. Sabine

Chaplain to the Hospital
Rudolph L. Samuelson

Chief Pharmacist
Charles F. Schraub

Chief Medical Records Librarian
E. Louise Seymour

Office Manager
Bertina Terkelsen

Report of the Treasurer

The increase in current assets on the hospital balance sheet is indicative of our activity this year. More service was given by every department of the hospital to a greater number of patients than ever before. Inevitably this has increased the need for working capital to carry on our day to day operations. We have found it possible to meet all current obligations and take advantage of all discounts, when offered, without borrowing. We are pleased that our operating results for the past two years show a loss of less than one-tenth of one percent.

Endowment funds increased by $146,000 this year so that Endowment Securities now have a market value of $1,950,000.

The installation of the IBM 1440 electronic processing system is expected to improve accounting and billing to patients. More complete information regarding charges will be shown and the process will be considerably faster. This system will also facilitate computation of insurance payments from Blue Cross and other hospitalization plans.

Henry S. Rogerson
Treasurer

New England Deaconess Hospital balance sheet

September 29, 1963

Assets

General Fund

Current assets:		
Cash		$ 224,881.23
Securities		240,342.00
Accounts receivable less reserve for uncollectible accounts		878,346.93
Inventories of supplies		218,062.80
Prepaid expenses		27,610.89
Total current assets		1,589,243.85
Due from other funds:		
Endowment	89,552.72	
Plant	62,316.39	151,869.11
		1,741,112.96

Temporary Funds

Cash and securities — gifts, bequests, and reserves for special purposes		231,174.74
Amortization and Depreciation Fund:		
Cash and securities		66,702.88
		297,877.62

Endowment and Other Funds Presently Held as Endowment

Investments:		
Securities and cash awaiting investment	1,243,893.14	
Real estate less depreciation	3,964,795.60	5,208,688.74
		5,208,688.74

Building and Equipment Funds

Land, buildings and equipment less depreciation	5,868,363.69
Cash and securities	246,117.13
	6,114,480.82
	$13,362,160.14

Note: Contingent liability on notes receivable discounted *$29,890.05*

Liabilities

General Fund

Current liabilities:	
Accounts payable and accrued expenses including withheld taxes	$ 521,278.05
Deferred income	72,694.00
Payments on mortgages due within one year	62,316.39
Total current liabilities	656,288.44
General Fund	1,084,824.52
	1,741,112.96

Temporary Funds

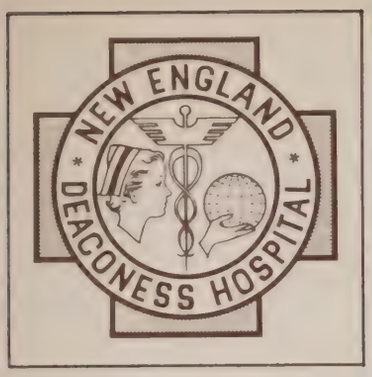
Gifts, bequests, and reserves for special purposes	231,174.74
Amortization and Depreciation Fund:	
Balance September 29, 1963	66,702.88
	297,877.62

Endowment and Other Funds Presently Held as Endowment

Funds	3,139,405.82
Construction account payable	182,130.30
Construction mortgage payable	1,797,599.90
Due to General Fund	89,552.72
	5,208,688.74

Building and Equipment Funds

Building and equipment funds	4,916,215.45
Mortgage payable except amount shown in current liabilities above	1,135,948.98
Due to General Fund	62,316.39
	6,114,480.82
	$13,362,160.14



Income Statement

For the Year Ended
September 29, 1963

Hospital net income		$6,429,199.93
Operating expenses:		
Professional care of patients:		
General	1,842,109.48	
Special	1,929,148.39	3,771,257.87
Household and property		1,709,573.10
Employees welfare		281,061.87
General services and expenses		248,438.99
Administration		378,027.94
		6,388,359.77
Surplus from operations before depreciation		40,840.16
Depreciation		369,781.73
Deficit from operations after depreciation		328,941.57
Other income:		
From endowment funds and funds held as endowment including $51,615.99 interest during construction added to cost of investment in office building and garage	216,113.24	
Donations	76,232.66	
Miscellaneous	9,406.63	301,752.53
		27,189.04
Deduct interest		49,435.19
Transferred to General Fund		$ 76,624.23

General Fund Account

For the Year Ended September 29, 1963

Balance October 1, 1962		$1,048,231.83
Add:		
Unrestricted legacies		69,522.71
Transferred from building and equipment funds — depreciation		369,781.73
		1,487,536.27
Deduct:		
Transferred to building and equipment funds for obsolescence, construction and mortgage reduction	326,087.52	
Transferred from income	76,624.23	402,711.75
Balance September 29, 1963		$1,084,824.52

Statement by Accountant

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of the New England Deaconess Hospital as of September 29, 1963, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

The contract year with the Massachusetts Hospital Service, Inc. ends September 30. The final adjustment for each fiscal year is made approximately one year later. The attached statements include the adjustment for the year ended September 30, 1962, but not for the year ended September 29, 1963.

In my opinion, subject to the foregoing explanation, the accompanying balance sheet, income statement and the analysis of general fund present fairly the financial position of New England Deaconess Hospital at September 29, 1963, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Webster McCann
Certified Public Accountant
Boston, Massachusetts
November 14, 1963

Members of the Corporation 1964

Herbert D. Adams, M.D.
Sherman Adams
Edward F. Allen
Mrs. William H. Ames
O. Kelley Anderson
F. William Andres
Kent Andrews
Harold W. Atkinson
Mrs. Alfred H. Avery
Herbert J. Bailey
John A. Bailey
Newton S. Baker
John Barnard
John Barnard, Jr.
Joseph H. Bacheller, Jr.
Irving M. Barrows
Lewis H. Beckford
Warren S. Berg
Raymond H. Blanchard
Lester L. Boobar
Ralph Bradley
Edwin A. Brewer
Howard D. Brewer
*F. Gorham Brigham, M.D.
F. Gorham Brigham, Jr.
William G. Brooks
Theodore L. Buell
Frank W. Buxton
Horace T. Cahill
Russell R. Cameron
Francis W. Capper
Harold C. Case
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Harold H. Cramer
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Charles C. Cunningham, Jr.
Robert W. Custance
Adna J. Cutting
Edward Dana
Edward B. Dane
E. Merrill Darling
Deane C. Davis
George G. Dike
Robert G. Dodge
Arthur T. Dooley
Paul A. Draper
John M. Dry
Richard D. Drysdale
John A. Dunn
William Elfers
Carl S. Ell
Carl H. Ellison, Jr.
H. Bigelow Emerson
John David Erb
James F. Farr
Hugh R. Farrington
Thacher H. Fisk
Herman T. Gammons
Hollis G. Gerrish
Hamilton M. Gifford
C. Homer Ginns
Lawrence H. Hansel
Maynard L. Harris
H. Rushton Harwood, Jr.
Charles W. Havice
H. Daniel Hawver
Henry E. Helms
Elliott Henderson
Chester A. Higley
John Hill
Charles E. Hilliard
William D. Ireland
Herbert H. Jaynes
Robert M. Jenney
Ernest S. Johnson
Gordon N. Johnson, M.D.
Laurence H. H. Johnson, Jr.
Leslie H. Johnson
Durham F. Jones
Mrs. Harry L. Jones
James W. Kelley
William T. King
Gordon D. Larcom
Elisha F. Lee
Roger I. Lee, M.D.
Royal Little
Andrew J. Lord, Jr.
John Wesley Lord
Mrs. John Wesley Lord
Lemuel K. Lord
Ralph Lowell
Stephen C. Luce, Jr.
Laurens MacLure
Mrs. Stanley O. MacMullen
John F. Manter
Alexander Marble, M.D.
Daniel L. Marsh
Miss Mabel Marsh
Morrill O. Martin
Mrs. Eugene H. Mather
James K. Mathews
Paul K. McElroy
Frank M. McGowan
Leland S. McKittrick, M.D.
Charles C. McPherson
Philip I. Milliken
Robert H. Montgomery
Spencer B. Montgomery
Lewis H. Moulton
James T. Mountz
William J. Ogle
Bruce S. Old
Thomas A. Pappas
Miss Amelia Peabody
Endicott Peabody
Lester C. Peabody
Charles O. Pengra
Walter H. Phillips
Sumner T. Pike
Joseph H. Pikul
Stanley D. Porter
William M. Rand
John B. Reid
William B. Rice
Roy M. Robinson
Lockhart B. Rogers
Charles E. Rogerson
Henry S. Rogerson
George I. Rohrbough
Howard F. Root, M.D.
James M. Rothwell
Charles F. Rowley
Edward G. Rudd
*H. W. Dwight Rudd
Miss Dorothy B. Seccomb
G. Vaughn Shedd
Chester D. Shepherd
Charles M. Shriner
Charles E. Smith
Everett Ware Smith
John Snook, Jr.
William B. Snow
Stephen Sonnabend
Joseph P. Spang, Jr.
Donald B. Stanbro
Paul A. Stauffer
Earl P. Stevenson
Humphrey H. Swift
Robert P. Tibolt
Miss Clara F. Trowbridge
William B. Tyler
James Uhlinger
Lester S. VanderWerf
Donald W. Vose
H. Hughes Wagner
Mrs. Sheldon E. Wardwell
Kenneth W. Warren, M.D.
Shields Warren, M.D.
Guy H. Wayne
Parker Webb
Henry W. Webster
Sinclair Weeks
William D. Weeks
John A. Whittemore, Jr.
Wilbar Whittemore
Oskar W. Wikstrom
Floyd S. Wilson
William W. Wolbach
J. Wendell Yeo
Elmo F. Young
John D. Young
Wilbur C. Ziegler

*Deceased

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